



## HOTEL AND RESTAURANT ASSOCIATION WESTERN INDIA

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### APPLICATION FORM FOR RESTAURANT MEMBERSHIP

We are desirous of joining as **"Restaurant Member"** of the Hotel & Restaurant Association Western India.

If admitted, we agree to abide by the rules and regulations of the Association in force from time to time and it shall be our endeavor to adhere to the policies initiated by the Association and further its prestige. The particulars of our Establishment are mentioned below :

1 Name of Establishment : \_\_\_\_\_

2 Licences held in the name of : \_\_\_\_\_

3 Name of Ownership : \_\_\_\_\_

(Whether Co./ Firm/ Proprietorship/ Other) (Tick Appropriate)

4 Name of Proprietor/ Partners/ Director : (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

5 Name of Contact Person : \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

6 Address of Establishment : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

7 Registered or Correspondence Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

8 Email: \_\_\_\_\_ Web: \_\_\_\_\_

9 No. of Employees :

(a) Male: Total \_\_\_\_\_ Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_

(b) Female: Total \_\_\_\_\_ Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_

10 Information required for use during Annual Elections:

**Email Address: where election related information will be sent** \_\_\_\_\_

**Mobile Number: For receiving OTP:** \_\_\_\_\_

11 We agree to extend courtesy and honour the HRA-WI Regional Discount Card. We nominate the following as our Representatives to avail these cards:

(a) Mr./Mrs./Ms. \_\_\_\_\_ Designation: \_\_\_\_\_ Mobile: \_\_\_\_\_

(b) Mr./Mrs./Ms. \_\_\_\_\_ Designation: \_\_\_\_\_ Mobile: \_\_\_\_\_

12 Name of Franchisee (If any): \_\_\_\_\_

- 13 Access : (Distance in kms.) Airport : Domestic :  International :  Railway Station :   
Landmarks : \_\_\_\_\_
- 14 Membership if any of other Associations \_\_\_\_\_
- Premises : ☐ Self Owned ☐ Leased ☐ Rented (Please tick appropriate)
- 15 Area of Restaurant (in sq. ft.) \_\_\_\_\_  
 (a) Dining Area \_\_\_\_\_  
 (b) Permit Room \_\_\_\_\_  
 (c) Kitchen / Stores / Others \_\_\_\_\_
- } Total \_\_\_\_\_
- 16 Seating Capacity \_\_\_\_\_
- 17 Enclosed few photographs of the following :  
 a) ☐ Restaurant Exterior ☐ Kitchen ☐ Dining Area  
 b) Photographs of Directors / Partners / Proprietors
- 18 Is the Restaurant Classified by the Ministry of Tourism, Government of India? Yes / No

### FINANCIAL YEAR

The Financial Year is from 1st April to 31st March, however if any new members are admitted during the months of February and March, their membership will continue till the end of the next financial year.

### MEMBERSHIP CRITERIA

1. Strict quality control on hygiene standards must be adopted by the Establishment, especially in respect of supply of clean water, food handling, storage of materials and cleanliness standards.
2. The good-will and reputation of the Establishment will be considered.
3. In case of Restaurant, minimum seating capacity should be 30, and preferably a GRADE 1 Air-Conditioned Restaurant. Where gradation is granted by the local Municipality.
4. Report of the local Association, affiliated to HRA(WI) or a senior prominent member from the area will be called for, if required.
5. The Restaurant must be operational holding all the requisite valid licenses per enclosed checklist (copies of the same to be furnished).
6. The Restaurant must provide existing photographs and menu card copy as per checklist.
7. Fast Food Outlets can apply to become Restaurant Members, provided they qualify as per above criteria.
8. Any Restaurant within a Hotel shall not be eligible for an individual membership.
9. Please note a Reprocessing Charge of Rs.500/- will be levied in the event the application is found incomplete and needs to be resent.

Membership will be accepted / rejected within a maximum period of 60 days of receiving the completed application form.

# CHECK LIST FOR RESTAURANT MEMBERSHIP APPLICATION FORM

TO BE CONFIRMED AND ATTACHED IN THE ORDER AS SPECIFIED

	YES	NO	ANNEXURE
1. Shops & Establishment License	<input type="checkbox"/>	<input type="checkbox"/>	A
2. Eating House License	<input type="checkbox"/>	<input type="checkbox"/>	B
3. Permit Room FL III License	<input type="checkbox"/>	<input type="checkbox"/>	C
4. F.S.S.A.I. License	<input type="checkbox"/>	<input type="checkbox"/>	D
5. Fire NOC	<input type="checkbox"/>	<input type="checkbox"/>	E
6. Incorporation Certificate (if a Ltd. Company) / Partnership Deed - Form 'E' (If a Firm)	<input type="checkbox"/>	<input type="checkbox"/>	F
7. GST Challan	<input type="checkbox"/>	<input type="checkbox"/>	G
8. PAN Card	<input type="checkbox"/>	<input type="checkbox"/>	H
9. Tariff Card	<input type="checkbox"/>	<input type="checkbox"/>	I
10. Menu Card	<input type="checkbox"/>	<input type="checkbox"/>	J
11. Photographs of Nominees who will avail of the Discount Card.	<input type="checkbox"/>	<input type="checkbox"/>	K
12. Photographs of :	<input type="checkbox"/>	<input type="checkbox"/>	L
13. (a) Exterior of Hotel Building	<input type="checkbox"/>	<input type="checkbox"/>	M
(b) Lobby	<input type="checkbox"/>	<input type="checkbox"/>	N
(c) Interior of one of the Rooms	<input type="checkbox"/>	<input type="checkbox"/>	O
14. Registration Certificate of GST	<input type="checkbox"/>	<input type="checkbox"/>	O

Place : \_\_\_\_\_

\_\_\_\_\_  
Signature

Date : \_\_\_\_\_

(Owner/Partner/Managing Director/Authorised Signatory)  
With Rubber Stamp of the Establishment

HRAWI reserves the right to cancel/revoke membership of any Establishment for reasons, but not limited to, Misrepresentation of facts, Anti Association activities, or any such reason as decided by the Executive Committee Members.

## For Office Use Only

Membership Entrance fees and Subscription amount :

Enclosed : Cheque / Demand Draft No.

Date : \_\_\_\_\_

For Rs. : \_\_\_\_\_

Drawn on : \_\_\_\_\_ Bank : \_\_\_\_\_ Branch : \_\_\_\_\_

Verified by : \_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

Admitted at the Executive Committee Meeting held on : \_\_\_\_\_ at : \_\_\_\_\_ Regd. No. : \_\_\_\_\_

Receipt No. : \_\_\_\_\_ Date : \_\_\_\_\_ of Rs. : \_\_\_\_\_

## RESTAURANT INFORMATION SHEETS

Facilities / Features :

- (a) Air Condition (A/C) ☐
- (b) Television (TV) ☐
- (c) Disc Jockey (DJ) ☐
- (d) Veg / Non-Veg. Food ☐
- (e) Please specify if any or attach separate list
- (f) \_\_\_\_\_

\* Restaurant Facilities :

- |   |  |
|---|--|
| <input type="checkbox"/> Pure Veg. Food               | <input type="checkbox"/> Jain Food                 |
| <input type="checkbox"/> Dine in                      | <input type="checkbox"/> Home delivery             |
| <input type="checkbox"/> Take away                    | <input type="checkbox"/> Ice-Cream Parlour         |
| <input type="checkbox"/> Beer & Wine Only             | <input type="checkbox"/> Bar / Permit Room         |
| <input type="checkbox"/> Open Garden Seating          | <input type="checkbox"/> Wifi                      |
| <input type="checkbox"/> Banquets / Party Hall        | <input type="checkbox"/> PDR (Private Dining Area) |
| <input type="checkbox"/> Out Door Catering Undertaken | <input type="checkbox"/> Live Music                |
| <input type="checkbox"/> Non Aircon Areas             | <input type="checkbox"/> Fully Aircon              |
| <input type="checkbox"/> Smoking Area                 | <input type="checkbox"/> Valet Parking             |
| <input type="checkbox"/> Driver Service (at a cost)   | <input type="checkbox"/> Outdoor Seating           |

Cuisine(s) Served :

- |  |  |
|--|--|
| <input type="checkbox"/> North Indian  | <input type="checkbox"/> South Indian            |
| <input type="checkbox"/> Mughlai       | <input type="checkbox"/> Chinese                 |
| <input type="checkbox"/> Thai          | <input type="checkbox"/> Italian                 |
| <input type="checkbox"/> Continental   | <input type="checkbox"/> Mexican                 |
| <input type="checkbox"/> Gujarati      | <input type="checkbox"/> Bengali                 |
| <input type="checkbox"/> Maharashtrian | <input type="checkbox"/> Fast Food               |
| <input type="checkbox"/> Punjabi       | <input type="checkbox"/> Others (Please specify) |

\*Please select